

PARTNERSHIP RETURN VOUCHER

☐ **AMENDED**

2004

For period beginning _____, 2004 and ending _____, 20__

Federal Employer I.D. Number		
Partnership Name		
Mailing Address		
City	State	Zip Code

Return this voucher with your payment.
Make checks payable to: State of New Jersey – PART
Write the Federal ID number and tax year on the check.

Mail To: **Filing Fee and Tax on Partnerships**
PO Box 642
Trenton, NJ 08646-0642

1. Filing Fee (Line 4 of Filing Fee Schedule)
2. Installment Payment (Multiply Line 1 by .50)
3. Nonresident Noncorporate Partner Tax
4. Nonresident Corporate Partner Tax
5. Total Fee and Tax (Add Lines 1-4)
6. Less: Tax Paid on Behalf of Partnership
7. Less: Payment/Credit
8. Total Balance Due
9. Overpayment: Check one
☐ Refund ☐ Credit to 2005

[illegible]

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FILING FEE SCHEDULE

- | | | | |
|---|--|----------------------------------|---------|
| 1 | Number of Resident Partners | _____ x \$150.00 | = _____ |
| 2 | Number of Nonresident Partners with
Physical Nexus to New Jersey | _____ x \$150.00 | = _____ |
| 3 | Number of Nonresident Partners without
Physical Nexus to New Jersey | _____ x \$150.00 x | = _____ |
| | | Corporation
Allocation Factor | |
| 4 | Total Filing Fee (Add Lines 1–3) | | _____ |

Carry the total from Line 4 to Line 1 on the front of Form PART-100. If the amount on Line 4 is greater than \$250,000, enter \$250,000 on Line 1 of Form PART-100.